Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 13/7/26.

Name of the Patient GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 1 M 1 D (F)
Dr. UMA K

UHID No: .....

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 13/7/26.

Time: 1am

Pharmacy Sign

Date: 13/7/26

Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

Rainbow Children's Hospital

GUC-00093689 IP18-00036409

Mrs R ANUSHA

12-08-1995 31 Y 1 M 1 D (F)

Dr. UMA K

UHID

CHARGE TRACKING SHEET

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing	8 13/3/26 hour						
Activity Sheet update by Pharmacy							

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

ACTIVITY RECORD FOR BILLING

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Name: Mrs. Anusha

UHID No: 93689 IP No: 36409 Consultant: Dr. Uma. Dept: LDR

Date of Admission: 10/7/26 Time: Date of Discharge: Time:

Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

	Date	Time	From	To	Signature of Nurse
	10/7/26	9:55pm	LDR	OT	Abadya 01808
	11/7/26.	12.15am.	OT	MICU	[illegible] 2026
	11/7/26	3AM	MICU	7th floor	Abadya 01808

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	10/7/26	1725201	Abadya 01808
2.	Dr. Rekha (Lactation)	12/7/26	1725938	[illegible] 2026
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/7/26	RBS	26022190	
11/7/26.	Biopsy (ST)	26022205	
11/7/26	RBS	26022210	
13/7/26	FBS	22440.	
12/7/26	HB. PCV	26022354.	
12/7/26.	Urine R/E.	26022376.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/7/26	CTU ①	2:30 pm		009299	[illegible]
	CTU ②			009299	[illegible]
	CTU ③			009300	[illegible] 01808
	CTU ④			009300	[illegible] 01808
	CTU ⑤			009300	[illegible] 01808
11/7/26	Infusion pump	12:10 Am	12/7/26 [illegible] Am	1725272	[illegible] 01808

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/7/26	Iv placement	1	1725188	[illegible]
10/7/26	catheterization	1	1785202	[illegible]
11/7/26	Diet Counselling	1	1725387	[illegible] 01808 101836

ANY OTHER INFORMATION:

patient Name : Mrs. Anusha
Surgeon Name : Dr. Uma
Anaesthetist Name : Dr. Mohan.
Procedure Emergency LSCS
In : 10.55 pm 10/7/26
Out : 12.15 am 11/7/26 [illegible]

Date: 13/7/26 Time: 6am Prepared By: [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]			

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GUC-00093689
Mrs R ANUSHA
12-06-1995 31 Y 1 M 0 D (F)
Dr. UMA K
IP18-00036409

UH

ISCHARGE TRACKING SHEET

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	10.20 AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		10.30 AM	P.V. 609261		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 29 D (F)
Dr. UMA K

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BED SIDE CHECK LIST FOR NURSES

Date:	11/7	12/7	13/7						
Doctor's Orders	yes	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	yes	yes	yes						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	yes	yes	yes						
Skin Care	yes	yes	yes						
Eye Care	yes	yes	yes						
Mouth Care	yes	yes	yes						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	yes	yes	yes						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	[illegible]	P.V.S	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	11/7 7pm	12/7 8Am	13/7 [illegible]						
Hand Over Taken By Name :	P.V.S	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	12/8	13/7 pm 8							

Doc. No. : RCH/ FRM / GENERAL / 088

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036409 **Admit Date** : 10-Jul-2026 **Admit Time** : 02:58 PM **UHID** : GUC-00093689

Patient Details :

Patient Name	: Mrs R ANUSHA	**Age**	: 31 Y 0 M 28 D
Guardian	: Mr S SATHISH KUMAR	**DOB**	: 12-06-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO E SEVEN HILS APARTMENT MAHADEAN STREET West Mambalam Chennai Tamil Nadu INDIA 600033	**Phone No**	: 7401284765/ 9791202043
		E-mail	: SKSAATHISHKUMAR46@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 802 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 802 **Admission Type** : First Visit

Contact Details :

Name : Mr S SATHISH KUMAR **Relationship** : Husband

Contact Address : FLAT NO E SEVEN HILS APARTMENT MAHADEAN STREET West Mambalam Chennai Tamil Nadu INDIA 600033 **Phone No** : 7401284765

Signature

Doctor Details :

Doctor Name : Dr. UMA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr UMA K **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

Rainbow Children's Hospital
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs R ANUSHA**	**Age :**	**31 Y 0 M 28 D**
IP No:	**IP18-00036409**	**Sex:**	**Female**
Consultant:	**Dr. UMA K**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for [illegible]nce coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the ca[illegible]f the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(R[illegible]vers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: >

Name: > Sathish kumar S
Relationship: > Husband
Date: 10-07-2026 Time: 2158
Witness Name: ASWIN
Witness Signature:

Patient Address:
FLAT NO E SEVEN HILS APARTMENT
MAHADEAN STREET West Mambalam
Chennai Tamil Nadu INDIA 600033

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hos pital as per Hospital Cash Tariff.

Patient Name : > Anusha R	UHID Number : 93689
Self/Attendant Name : > Sathish kumar S	Relation : > Husband
Self/ Attendant Signature :> Phone Number : > 7401284765	Name & Signature of Financial Counselor

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Patient Sticker

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
* Patient was admitted for IOL
* Able to PFM well
* No c/o Lower Abdominal pain, bleeding or leaking PV

Obstetric Formula:
$G_2P_1L_4$

Obstetric History:
G_1 - Boy, 4years 6months, Induced labour, NVD, Sivaraman Medical foundation, Alive & Healthy, Hypothyroid, 3.5kg

Present Pregnancy Record:
G[illegible]P, Spontaneous Conception, Booked and Immunised, NT scan - Normal, FTS - low risk, Anomaly Scan - Normal

RISK FACTORS:
- GDM on OHA from 39 weeks
- Hypothyroid since conception

Height: 5.5ft cm
Weight: 97.7 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR: 89/min
BP: 120/80mmHg DTR:
CVS: S_1S_2 ⊕ RS B/L NVBS ⊕
Liver/Spleen: Urine Output:

LMP: 03/10/2025 EDD: 10/07/2026
Corrected EDD: GA: 40weeks
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: Term
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

$G_2P_1L_4$	LMP - 03/10/2025	GA - 40weeks
Prev. NVD	EDD - 10/07/2026	GDM on OHA
LCB - 4½ yrs	RMP	Hypothyroid
O+ve		

CUC-00003689 IP12-00036409
Mrs R ANUSHA 31 Y 0 M 28 D (F)
12-06-1995
Dr. UMA K

Family History:	Surgical History:
Nil	Nil
Medical History:	**Medication History:**
GDM on OHA since 39 weeks Hypothyroid since Conception	T. GLYCOMET SR 500mg 1-0-1 T. THYRONORM 25mcg od
Plan of Care:	**Investigations:**
C/I/T Dr. Uma - Admission - parts preparation - secure IV line - CTG 2nd hourly	CTG - Reactive

Doctor Name: Dr. Vinitha / Dr. Shreedevi
Signature: [signature]
Date & Time: 10/07/2026

Consultant Name: Dr. Uma
Signature: For [signature]
Date & Time: 10/07/2026

Patient Stic

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

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RESULT SHEET

Date	4/6/26	12/7/26	13/7/26			
Time						
Hb	11.1	11.9			O- POSITIVE	
PCV	33.3	36				
RBC	4.12				16/11/25	
WBC	14.88				HBs Ag	NR
N/L	77.9/15.0				HIV I & II	
Platelets	2.24				HCV	
CRP					VDRL	
ESR						
PCT						
RBS	FBS-89 PPBS-135		FBS-99		HbA1C- 5.8	
Na						
K					4/6/24	
Cl					FT3-4.26	
Ca/Mg					FT4-1.12	
Phosphate					TSH-2.87	
Urea	18					
Creatinine	0.53				ECG ?	
ALP					ECHO ; Normal	
SGPT					EF-67.1	
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid	3.4					
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Docu. No. : RCH /FRM / CLINICAL / 0138

(P.T.O)

Date	12/7/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	3-5					
CUE - RBC Cells	1-2					
CUE	Bacteria - Present					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
				4/6/26		
				Urine C/S - No growth		

Culture and Sensitivities : .....

.....

.....

.....

10/07/2026

Radiology : USG : SLIUG EFW - 4,688 grams

X-Ray : Presentation - Obliquelie

ECHO : Placenta - Anterior grade 3

CT : Liquor - Normal

MRI : Fefal dopplers - Normal

Others (ECG, Contrast Studies etc.,) : .....

GUC-00093689 IP18-00036409
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Dr. UMA K

Patient Sticker

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 8:15pm	S/B Dr. Kavitha / Dr. Divyalakshmi pt reviewed. Able to PFM well.	
40 weeks	P/A: ut term. Irritable. cephalic. FHS good.	C/D/w Dr. Uma K Advice: - Tab. MISOPROSTOL 25mcg p/v STAT - Reassess at 10pm - IVF @ 125 ml/hr. - post miso CTG at 9:15 ↓ 10 mins - w/f contractions - Inform SOS.
CTG Reactive	P/V: Cx 2 cm long. Os admits 2 fingers. membranes (+). V_x at brim. Pelvis gynaecoid [signature] 164288	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 10:45pm	S/B Dr. Uma k	
	pt. reviewed.	
40 weeks	O/E: Pt GC fair, afebrile	
	P° / PE°	
CTG-Reactive	P/A: Ut term	
	Relaxed	
	Cephalic	
	Fht good	
	P/E: Cx 1.5cm long,	
	OS 3cm dilated.	
	membranes (+)	
	Vx brum	
	↓ ASP, ARM done — Clear liquor	
	post ARM FH good	
		Advice
		- Emergency LSCS
		i/v/o CPD
		- Informed consent
		- Inform DT/NICU
		- Bladder catheter
		- Shift to OT

16/12/26

GUC-00093689 IP18-00036409
Mrs R ANUSHA
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Dr. UMA K

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026 12:10 AM	pt. received in MICU	
	S/B Dr. Mohana / Dr. Divyalakshmi pt. seen & examined.	
POD-0	O/E: pt GC fair, afebrile PO/PEO CVS/RS/PVAD	Advice - NPO x 6 hrs. - IVF @ 125ml/hr - Inj. SYNTO maintenance @ 20ml/hr x 24 hrs - Inj. CLEXANE 60mg SC OD at 12pm - CBD removal x 24hr Hb, PCV, urine routine at removal-1. - FBS, PPBS on POD-2 - DBF - W/F bleeding PV. - monitor vitals - follow drug chart - Inform SOs.
T-N PR-70/min BP-100/68 mmHg SpO2-100% @ RA for 1hr	P/A: soft. uterus firm & contracted. dressing dry	
U/O=50ml clear	C/E: No undue bleeding PV. CBD in situ	
Baby m/s Breasts soft		
CBG - 98 mg/dl	16/12/88	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026	S/B Dr. Mohana	Dr. Divyalakshmi
	. Pt reviewed	
2:30 AM	Nil c/o.	
		Advice
	O/E: pt GC fair, afebrile	- Liquid diet.
POD-0	po/PCO	- kanji if flatus passed
		- monitor vitals
T-N	CVS/RS NAD	- follow drug chart
PR-83/min		- FBS/PPBS POD-2
BP-100/60 mmHg	P/A: soft, BS (+)	- Inj. Clexane 60mg @ 12pm
SpO2-100% @ RA	Ut contracted well	- CBD x 24 hrs
	dressing dry	Hb, PCV, urine r/e
		- Early ambulation
U/O 250 ml clear	L/E: No undue bleeding pv	- I/O charting
	CBD insitu	- Inj. SUN70 maintenance
		till 24 hrs.
Baby m/s		- W/F T bpv
Breasts soft	~~Shift to ward~~	- Inform SOS.
		[signature] 104288

Docu. No. : RCH /FRM / CLINICAL / 088

OPD-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
9AM		
POD-0	Pt reviewed.	Nil c/o
	O/E Pt GC fair, Afebrile	Advice
T-(N)	P° / PE°	- Koffji diet if flatus pass
PR- 80/min	CVS /	- Plenty of oral fluids
BP- 110/64 mmHg	RS / NAD	- Vitals Monitoring
	P/A- Soft, BS(+)	- Follow drug chart
Baby- M/S	Ut well contracted	- FBS / PPBS on POD-2
B/L- Breast Soft	Dressing(+) & Dry	- INJ. CLEXANE 60mg @ 12pm
Flatus Not passed	L/E- No undue bleeding PV	- CBD x 24 hrs till 12pm today
U/O- 150ml, Clear	CBD in situ	- To do Hb, PCV, Urine R/E after CBD removal
		- Early Ambulation
		- INJ. SYNTO MAINTENANCE till 24 hours
		- W/F ↑ Bleeding PV
		- Inform(SS)

Docu. No. : RCH /FRM / CLINICAL / 088

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
3:15AM		
POD-0	O/E Pt GC fair, Afebrile	Advice
	P°/PE°	- liquid diet
T-(N)	CVS/	- kanji if flatus Passed
PR-80/min	RS/NAD	- vitals Monitoring
BP-110/64mmHg	P/A-Ut well contracted	- Follow drug chart
Baby-M/S	Soft, BS(+)	- FBS/PPBS on POD-2
B/L-Breast Soft	Dressing (+) & Dry	- INJ. CLEXANE 60mg @12pm
UO-250ml, Clear	LE-BWNL	- CBD X 24 hours till 12AM today
	CBD in situ, clear urine draining	- To do Hb, Pcv, Urine R/E after CBD removal
	182217	- Early Ambulation
		- INJ. SYND maintance till 24 hours
11/7/26	S/B Dr. Akshitha	- W/F ↑ Bleeding PV
2:45pm.	Pt reviewed	- Inform/SOS)
POD#1	not passed flatus.	
o/n	O/E afebrile	
	GC fair	Plan:
BP = 110/70mmHg	P°/PE°	- monitor vitals
PR 82bpm.	P/A uterus wc	- Hb/PCV/Urine R/E 12AM
SpO2 99%@RA	Soft	- CBD 12AM 12/7/26.
Temp (A)	BS(+)	- FBS/PPBS POD#2
B/L breast soft	dressing dry	- clear liquids.
secretions(+)	LE BWNL	- ~~Ambulate~~ in bed ambulate
Baby M/S	foley's inserted	
DBF	clear urine	
	UHO = 150ml	127035

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 1 M 0 D (F)
Dr. UMA K

(24)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 8:30 AM	S/B Dr. Divyalakshmi	
	pt reviewed	
	pt Tolerating orals	
	c/o mild abdomen pain	
POD-1	O/E: pt GC fair, afebrile	Advice
	no pallor/PEO	- FBS, PPBS c/n 6am
T - N	CVS/RS NAD	- soft diet if tolerating.
PR - 90/min		- oral hydration
BP - 100/70 mmHg		- monitor vitals
passed flatus	p/A: soft, BS⊕, mild gaseous distention	- follow drug chart
voiding freely	ut contracted well	✩ Ambulation
	dressing dry	- Inform SOS.
	L/E: BWNL	- Syp. CREMAFFIN 15ml HS.
Baby m/s		- DULCOLAX SUPPOSITORY 2 (tabs) PR STAT
Breasts soft	[signature]	
12/7/26	S/B Dr. Anandhavani	
8:30 pm	pt reviewed.	
	No complaints	
POD #1		
	O/E - GC fair, afebrile	
T - N	no pallor	
BP - 110/70 mmHg	no PE	
PR 86/min		

Docu. No. : RCH /FRM / CLINICAL / 088

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
SpO2 - 100% RA	CVS / RS NAD	
		Advice
		- Ambulation
Baby - m/s	P/A - soft	
B/L Breast soft	ut contracted well	- FBS, PPBS @ 6AM
	dressing intact	
passed stools		- Follow drug chart
	L/E - BWNL	- Plenty of oral fluid
		1560
13/07/2026	C/S/B Dr. Vinitha / Dr. Shreeden	
8:30AM		
	Pt reviewed, Nil c/o	Advice
POD - 2	O/E pt GC fair, Afebrile	- Soft diet
T-(N)	P° / PE°	- Plenty of oral fluids
PR - 80/min	CVS / RS NAD	- Vitals monitoring
BP - 108/70mmHg		- Follow drug chart
	P/A - ut well contracted	- W/F ↑ Bleeding PV
Baby - m/s	Soft, BS(+)	- Bath & dressing today
B/L - Breast soft	Dressing (+) & Dry	- Inform (sos)
Voiding freely	L/E - BWNL	
Passed stools		
	182217	

Docu. No. : RCH /FRM / CLINICAL / 088

GUC-00093689
Mrs R ANUSHA
12-06-1995
Dr. UMA K
IP18-00036409
31 Y 0 M 28 D (F)

Docu. No. : RCH /FRM / CLINICAL

FOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

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12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Patient Sticker

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NICU. Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	25mcg	PO	OD	10/7/26 at 6am	☒C ☐DC
2	T. GLYCOMET SR	500mg	PO	BD	10/7/26 at 8Am	☐C ☒DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi

Date & Time : 10/07/2026

Nurse Name & Signature: .....

Date & Time : 10/7/26. at 2.30 pm.

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

②

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MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: LDR Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. SUPACEF	0.1ml	ID	STAT	10/7/26 at 10:40pm	☐C ☑DC
2	Inj. PAN	40mg	IV	STAT	10/7/26 10:40pm	☐C ☑DC
3	Inj. EMESET	4mg	IV	STAT	10/7/26 10:40pm	☐C ☑DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Dayalakshmi 16428

Date & Time : 10/7/2026 at 10:55pm

Nurse Name & Signature: S/N Akalya/01808 SA 01808

Date & Time : 10/7/26 at 10:55pm

Docu. No. : RCH /FRM / GENERAL / 090

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

(3)

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: OT Shifted to: MICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 10/7/2020 at. 11.20 PM

Nurse Name & Signature: Pradeepa veerayan / RN020262

Date & Time : 10/7/2020 at. 11.23 PM

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

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MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: MICU Shifted to: 5th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. SUPACEF	1.5gm	IV	BD	10/7/26 10:40pm	☑C ☐DC
2	Inj. PAN	40mg	IV	BD	10/7/26 10:40pm	☑C ☐DC
3	Inj. ~~EMESET~~	—	—	—	—	☑C ☐DC
4	Inj. PARA	1gm	IV	TDS	—	☑C ☐DC
5	Inj. CLEXANE	60mg	SC	OD	—	☑C ☐DC
6	Inj. SYNTO.	10units in 100 RL	IV	over 24hr	11/7/26 1Am	☑C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 164288 Dr. Divyalakshmi

Date & Time : 11/7/2026 at 3Am

Nurse Name & Signature: S/H Akalya D18058 SA D18057

Date & Time : 11/7/2026 at 3Am

Patient Sticker

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr UMA K

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DRUG CHART

Date of Admission: 10/7/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Inj. TRAMADOL				Date / Time	11/26
Dose: 50mg	Route: IV	Frequency: SOS	Start Date: 11/7		
Doctor's Signature: 10428		Valid Period	Pharm.		
Additional Instructions: IN 100ml NS					

DRUG :				Date / Time	
Dose	Route	Frequency	Start Date		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions:					

DRUG :				Date / Time	
Dose	Route	Frequency	Start Date		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions:					

Signature .....

VERIFIED BY : Name .....

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

REGULAR PRESCRIPTIONS

Weight: 97kg Ward: 7th floor

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
25mcg	PO	1-0-0	11/7/26

Name & Signature of the Doctor Starting the Drugs: 16228/17

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7/17	12/7/17	13/7/17
6Am	NS KH	SS K.H	

DRUG : Inj. SUPACEF

Dose	Route	Frequency	Start Date
1.5gm	IV	1-0-1	11/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7/17	12/7/17	13/7/17
10Am	SM ES	AA SM	
10Pm	S.S K.H	SS K.H	

Stop

(D1)

DRUG : Inj. PAN

Dose	Route	Frequency	Start Date
40mg	IV	1-0-1	11/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7/17	12/7/17	13/7/17
8am	NS KH	SS KH	SS K.H
Stop	P.D A.H		

Stop

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	1-1-1	11/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7/17	12/7/17	13/7/17
6Am	NS KH	SS KH	
2pm	P.D A.H	N.S A.H	
10pm	S.S K.H	S.S K.H	

Stop

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Weight. 97kg Ward. LDR

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VERIFIED BY : Name ..... Signature .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/7/26	8:15 AM	T. MISOPROSTOL	25mcg	PV	16425	SA SP
10/7	10:20 PM	Inj. SUPACEF	0.1ml	ID	16428	SA SP
10/7	10:40 PM	Inj. PAN	40mg	IV	16428	SA SP
10/7	10:40 PM	Inj. EMESET	4mg	IV	16425	SA SP
10/7	11:50 AM	T. MISOPROSTOL	600mcg	PR	16428	M
10/7	11:50 AM	JUSTIN SUPPOSITORY	100mg	PR	16428	M
10/7	11:10 pm	Inj. SUPACEF	1g SG	IV	16428	M
12/7	8:30 AM	DULCOLAX SUPPOSITORY	2 tabs	PR	16428	S.M P.B

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

I.V. FLUIDS CHART

Weight. 97kg Ward ICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/7	8pm	IVF RL 1000	125 ml/hr	16428		SA / SP	10/7	16428	SA / SP
10/7	11.20	INF 30mg	iv			/	11/7		/
10/7	11.20	2 vials 2 v	iv			/	11/7		/
11/7/26	1Am	Inj. SYNTO 10units in 500ml RL	IV	20ml/hr x 24hr	16428	SA / SP		16428	
11/7/26	1Am	IVF RL 500	IV	125 ml/hr	16428	SA / SP	12/7 @ 1.am	H	8.8

VERIFIED BY : Name ..... Signature .....

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 97 kg Ward LDR

DRUG : Inj. CLEXANE

Dose	Route	Frequency	Start Dt.
60mg	SC	OD	11/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	11/7	12/7	13/7
12pm	SM	FS	AA SA

D1

DRUG : Syp. CREMAFFIN

Dose	Route	Frequency	Start Dt.
15ml	PO	0-0-1	12/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	12/7	13/7
10pm	SS	KH

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	13/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	13/7
8Am	P.G / ES
8pm	

D1

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	1-0-1	13/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Before food

Daily Doctor's Endorsement by a Sign

Date/Time	13/7
7Am	
7pm	

VERIFIED BY : Name .... Signature ....

Docu. No. : RCH /FRM / CLINICAL / 108

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : T. COMBIFLAM

Dose	Route	Frequency	Start Dt.
1Tab	PO	1-1-1	13/7/2[illegible]

Date/Time	13/7
8Am	P.G
2pm	
10pm	

Name & Signature of the Doctor Starting the Drugs: 82217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name .... Signature ....

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Patient Sticker

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Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

10/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																							
	21 - 30																							
	11 - 20							20		22			22	19	19	19	19	19	19			22		
	0 - 10																							
Saturations	94 - 100 %							99		99			99	100	100	100	100	100	100			100		
	< 94 %																							
Administered O_2 (L/min.)								RA		RA			RA	RA	RA	RA	RA	RA	RA			RA		
Temp°c	40																							
	39																							
	38																							
	37							98		98			98	98		98	98	98	98	98		97.6		
	36																							
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90																							
	80							89		80			80	80		88	70	78	70	82				
	70																							
	60																							
	50																							
	40																							
Systolic Blood Pressue ↑	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120							125		110			120	113		115	90	96	99	102				
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50																							
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70							79		60			70	75		60	60	60	70	64				
	60																							
	50																							
	40																							
NEURO RESPONSE [✓]	Alert							✓		✓			✓	✓		✓	✓	✓	✓	✓		✓		
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30							✓		✓			✓	✓		✓	✓	✓	✓	✓		✓		
	< 30																							
Proteinuria	Protein + +																							
	Protein > + +																							
Lochia	Normal							—		—			—	—		—	—	—	—	✓				
	Heavy / Foul																							
Liquor	Clear / Pink							—		—			—	—		—	—	—	—					
	Green																							
TOTAL YELLOW SCORES								0		0			0	0		0	0	0	0	0		0		
TOTAL ORANGE SCORES								0		0			0	0		0	0	0	0	0		0		
Nurse Initial								R		L			N			R	R	R	R	R				

Docu. No. : RCH /FRM / CLINICAL / 053

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

(2)

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Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

11/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	22				20				20				22				22				22			
	0 - 10																								
Saturations	94 - 100 %	99%				98%				99				99%				99%				99%			
	< 94 %	RA				2A				RA				RA				RA				RA			
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37	98.8F				98.2F				97.4				98.6				97.7F				97.2F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80bpm				88bpm				94bpm				96bpm				91bpm				92bpm			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110				101				99				103				110				106			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	64				66				66				61				67				74			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓				↑				↑				↑				↑			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				↑				↑				↑			
	< 30																								
Proteinuria	Protein + +					+				+				+				+							
	Protein > + +																								
Lochia	Normal	✓				✓				✓				–				–				–			
	Heavy / Foul																								
Liquor	Clear / Pink	–				✓				✓				–				–				–			
	Green																								
TOTAL YELLOW SCORES		0				0				0				0				0				0			
TOTAL ORANGE SCORES		0				0				0				0				0				0			
Nurse Initial		✓				✓				✓				✓				✓				✓			

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 29 D (F)
Dr. UMA K

Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date: 12/7/26

Time scale printed on chart: 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7

Parameter	8	12	4	8	12	4
RESP (write rate in corresp. box) (>30 / 21-30 / 11-20 / 0-10)	20/m	20/m	22	22	22	22
Saturations (94-100% / <94%)	98%	98%	100	99%	98%	100%
Administered O_2 (L/min.)						
Temp °c (40 … <35)	97.6F	97.2F	97.6F	97.4F	98.4F	97.6F
Heart Rate (170 … 40)	76 b/m	76 b/m	80	87 b/m	91 b/m	80 b/m
Systolic Blood Pressure (190 … 50)	116	110	110	107	118	108
Diastolic Blood Pressure (130 … 40)	70	68	70	74	74	70
	(42)	(42)		(33)	(58)	(61)
NEURO RESPONSE [✓] (Alert / Voice / Pain / Unresponsive)	Alert ✓	Alert ✓	Alert ✓	Alert ✓	Alert ✓	Alert ✓
URINE mls / hour (>30 / <30)	>30 ✓	>30 ✓	>30 ✓	>30 ✓	>30 ✓	>30 ✓
Proteinuria (Protein ++ / Protein >++)						
Lochia (Normal / Heavy / Foul)	Normal ✓	Normal ✓	Normal ✓	Normal –	Normal –	Normal –
Liquor (Clear / Pink / Green)	Clear –	Clear –		Clear –	Clear –	Clear –
TOTAL YELLOW SCORES	0	0	0	0	0	0
TOTAL ORANGE SCORES				0	0	0
Nurse Initial	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

UC-00093689 IP18-00036409
Mrs R ANUSHA
12-05-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Patient S

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

10/7/2026

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
10/7/26	02:00 pm			← on admission →								
	03:00 pm	coated	50ml									
	04:00 pm	Leaje	100ml							100ml		
	05:00 pm	jun	100ml									
	06:00 pm	coca	100ml								0	Dan
	07:00 pm			100ml						100ml	0	Dan
Total Intake :		450ml		RL		**Total Output :**				200ml		
	08:00 pm	N		400ml						100	0	SA
	09:00 pm	P								100	0	SA
	10:00 pm	O							(CBD)	200	0	SA
	11:00 pm	RL	(OT)	1300ml						-	0	SA
	12:00 am	N		125						50	0	SA
	01:00 am	P		125						100	0	SA
Total Intake :		1950ml		syntocin-RL		**Total Output :**				550ml		
	02:00 am	N		20ml	100					250	0	SA
	03:00 am	P		20ml	100					200	0	SA
	04:00 am	O		20	125					150	0	SA
	05:00 am			20	125					75	0	SA
	06:00 am	TC	100	00	125					100	0	SA
	07:00 am	H2O	100	20	125					50	0	SA
Total Intake :		200	+ 120	+ 700ml =		**Total Output :**				825ml		

Total 24 hrs. Intake	1020ml	Total 24 hrs. Output	1575ml

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12-06-1995
Dr. UMA K
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31 Y 0 M 29 D (F)

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

11/7/20

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	TC water	200	125						200	0	Sim
	09:00 am			125						150	0	Sim
	10:00 am	TC water	200	125						200	0	Sim
	11:00 am			125						200	0	Sim
	12:00 pm	TC water	200	125						200	0	Sim
	01:00 pm	TC water	100	125						150	0	Sim
Total Intake : 700ml						Total Output : 1100ml						
	02:00 pm	H2O	100ml	125	+20					150	0	AA
	03:00 pm	H2O	150ml	125	+20					250	0	AA
	04:00 pm	TC water	100ml	125	+20					250	0	AA
	05:00 pm	H2O	100ml	DC	DC					150	0	AA
	06:00 pm			DC	DC					150	0	AA
	07:00 pm	TC water	100ml	125	20ml					150	0	AA
Total Intake : 550ml + 580ml = 1130ml						Total Output : 1100ml						
	08:00 pm	H2O	100ml	125ml	T20					100ml	0	
	09:00 pm	H2O	150ml	125ml	T20					50ml	0	
	10:00 pm	H2O	150ml	125ml	T20					100ml	0	
	11:00 pm			DC	T20					40ml	0	
	12:00 am	Juice	100ml	DC	T20					50ml	0	
	01:00 am			125	DC							
Total Intake : H2O - 550ml + 550ml						Total Output : 190ml						
	02:00 am			125ml							0	
	03:00 am			125ml							0	
	04:00 am			125ml							0	
	05:00 am	H2O	100ml	125ml							0	
	06:00 am	H2O	100ml	125ml						50ml	0	
	07:00 am	H2O	100ml	125ml						100ml	0	
Total Intake : H2O - 300ml : IV - 700ml						Total Output : 400ml						

Total 24 hrs. Intake		Total 24 hrs. Output	
	H2O - 1750 ml IV - 0.400ml		U - 3000ml M -

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Mrs R ANUSHA
12-06-1995
Dr. UMA K
IP18-00036409
31 Y 0 M 29 D (F)

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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 3

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

12/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2o	100ml								0	P.G
	09:00 am	H2o	150ml				✓			300ml	0	P.G
	10:00 am	H2o	150ml								0	P.G
	11:00 am	H2o	150ml								0	P.G
	12:00 pm	Soup	100ml							250ml	0	P.G
	01:00 pm	H2o	150ml				✓			300ml	0	P.G
Total Intake : 800ml						Total Output : 850ml						
	02:00 pm										0	SN
	03:00 pm	H2o	200ml								0	SN
	04:00 pm									300ml	0	SN
	05:00 pm	H2o	200ml								0	SN
	06:00 pm	milk	200ml							200ml	0	SN
	07:00 pm	H2o	200ml								0	SN
Total Intake : 800ml						Total Output : 500ml						
	08:00 pm	H2o	100ml								0	HN
	09:00 pm	H2o	200ml							200ml	0	HN
	10:00 pm	H2o	200ml								0	HN
	11:00 pm									200ml	0	HN
	12:00 am										0	HN
	01:00 am	H2o	100ml								0	HN
Total Intake : H2O - 600ml						Total Output : U-600ml M						
	02:00 am									200ml	0	HN
	03:00 am										0	HN
	04:00 am	H2o	100ml								0	HN
	05:00 am									100ml	0	HN
	06:00 am	H2o	100ml								0	HN
	07:00 am	H2o	100ml								0	HN
Total Intake : H2O - 300ml						Total Output : U-300 M						

Total 24 hrs. Intake	H2O - 2500ml	Total 24 hrs. Output	U - 2100ml M -

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Patient Sticker

(1)

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BirthRight BY RAINBOW HOSPITALS
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G2P1L1 / PU-NVD / 40W			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: -			
	Surgery / Procedure: Eme. LSCS.			Post OP Day: Day - 1			
BACKGROUND	Date / Shift	10/7 E	10/7 N	11/7 M	11/7/26 E	11/7/26 N	12/7/26 M
	Medical Condition (Any special condition to be noted):	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid
	Diet:	0 diet	NPO	Liquid diet	Liquid diet	Liquid diet	Soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	N/A	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F	98F	98.1°F	97.8°F	98.2°F	97.6°F
	Res:	24/mt	20b/m	20bmi	22b/	22bm	24bm
	SpO_2:	99	100%	100%	98%	99%	97%
	Pulse:	84/mt	80b/m	80bmi	82b/	86b/m	86b/
	BP:	127/77	113/75	110/64	112/70	103/68	110/70
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	10	35	35	35	35	35
	Pain Score:	0/10	4/10	1/10	1/10	1/10	1/10
	Skin Integrity	0/10	Normal	Normal	Normal	Normal	Normal
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	NA	—	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NA	NPO	Liquid diet	Liquid diet	Liquid diet	Liquid diet
	Critical Lab Test / Values:	NA	—	NA	NA	NA	NA
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	NA	N/A	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		NA	N/A	NA	NA	NA	NA
Handed Over By Name :		[signature]	[signature]	S. [illegible]	[signature]	[signature]	[signature]
Signature / ID :		01108	01808	[signature]	[signature]	[signature]	[signature]
Date:		10/7/26	11/7/26	11/7/26	11/7/26	12/7/26	12/7/26
Time:		2:30 PM	01:58 AM	2 pm	7 pm	7.30 am	1.30 PM
Taken Over By Name :		[signature]	[signature]	[signature]	[signature]	[signature]	
Signature / ID :		01808	[signature]	[signature]	[signature]	[signature]	
Date:		10/7/26	11/7/26	11/7/26	11/7/26	12/7/26	
Time:		8PM	8AM	2PM.	8pm	7.30AM	

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Patient Stick

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 10/7/22

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				I			
Afternoon							
Night	8pm	Achieve Acceptable pain Controls Comfort	8:30 pm	Assess pain using pain scale regularly Administer Analgesics as prescribed	patient was stable reduced pain levels	Reassessment was Done	SN Akshaya D18088

GUC-00093689
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K
IP18-00036409

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 11/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.... Nil.
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Achieve acceptable. pain control & comfort.	2pm	Assessed the pt's condition monitored vital sign monitored pain Scale.	Vitals are stable.	Done	Syed 6/7/26
Afternoon	2PM	Achieve acceptable Pain Controed & Comforts	4pm	Assessed the pt's Condition monitored vitals Sign monitored Pain Scale.	Vitals are Stable	Reassessment done.	6/7/26
Night	8pm	Assess the mother Condition. Assess the mother feeding position.		Improve the mother health status. Improve the brother feeding methods.	Evaluate the health Status. Evaluate the feeding intake.	Re - assessment done	6/7/26

GUC-00093689 IP18-00036409
Patient S Mrs R ANUSHA 31 Y 0 M 28 D (F)
12-06-1995
Dr. UMA K

(1)

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NURSES NOTES

☐ No Known Drug Allergies
☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26	2.30 pm	Admission Notes 10/7/26. Mrs. Anusha / 31y / FE / G2P1L1 40wks / Pre. NVD / under Dr. Uma / Hypothyroid / GDM on OHA Bd / CTG Connected FHR is good FM (+) felt by mother vitals are checked and recorded I/F to Dr. Vinitha Advised to do Admission order carried out otherwise no complaints General condition is fair ⟶	S/N Anusha 010231
	3.30 pm	patient vital checked & recorded CTG disconnecting order by Dr. Vinitha mam 2hourly CTG to be followed Pt taken light diet Pt preparation done.	Devi 018760
	5.30 pm	Pt vitals checked & recorded CTG connecting FHR is good. Pt general condition is good.	Devi 018760
	6.00 pm	CTG disconnecting advice by Dr. Vinitha mam 2 hourly CTG to be followed.	Devi 018760
	7.30 pm	↓ASP IV line Insial 18G vention Metacarpal vein is good IV re loon! on flao Pt fire handing own to Night duty staff	Devi 018760

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night dutty	
10/7/26	7:30 pm	→ patient care hand over taken from Evening dutty staff Nurse patient was stable conscious & oriented IV line present & pattern. patient is liquid Diet IV fluids ongoing RL 500ml More fall risk Assessment was Done score is 30 pain Assessment was Done score is 4/10. pt general condition fair →	S/N Akalya 01808
	8pm	→ Dr: vinitha Advised to connected CTG. Do P/V Examination findings was shows cx 2 cm long 2 fingers tight vertex at brim membrane ⊕ Advised to pt is NPO Now, started FHR is good ⊕ No complaints →	S/N Akalya 01808
	8:15 pm	→ Dr: Divya lakshmi Tab: Miso 25mcg kept P/V start CTG is ongoing FHR is good	S/N Akalya 01808
	9:30 pm	→ stoped CTG as per Doctors order FHR is good ⊕ patient have a 1 tightness only IV fluids on going provided comfortable position	S/N Akalya 01808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

GUC-00093689 IP18-00036409
Mrs R ANUSHA
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Dr. UMA K

(2)

NURSES NOTES

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☐ ~~No Known~~ Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/24	9:30 pm	⇒ post meso cum was connected FHR is good ⊕ provided left lateral position	Akalya 01808
	10 pm	⇒ stoped cum as per orders FHR is good ⊕ pt was stable	Akalya 01808
	10:40 pm	⇒ Dr: uma seen the pt Do p/v Examination findings was she is same p/v Do ARM was Done a clear liquor Advised to CBD Baby so EM: LSCS preparation provided pooto gown catheterisation was done by Dr: Mohana Inj: Emeset 4mcg and Inj: pan 40mg IV given to pt Inj: supacef 1.5gram after dilution 0.1ml ID given to pt care hand over given to OT staff	Akalya
	10:55 pm	⇒ Dr: Mohan seen the pt Anesthetic fintness was done pt shifted to OT	01808 S/N Akalya 01808
10/7/24	10.55 pm	OT Note patient received from LDR. patient conscious and oriented patient vitals are Stable. BP- 120/80 mmHg, HR- 72 b/mt SpO_2 -100% patient shifted to OT - IV for surgery (PTO)	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26.		under asoptic technique	
		General anaesthesia is given.	
		under spinal anaesthesia	
		procedure Emergency LSCS done	
		done Male baby born	
		at 11.10 pm wt 4.22kg	
		patient shifted to MICU	
		patient file handed over the	
11/7/26	12.18 am	MICU staff	Sd [illegible] 02024
		Receiving Notes	
	12:15	patient is receiving from	
	Am	OT to MICU patient care hand	
		over taken from OT staff	
		Nurse patient was stable	
		conscious & oriented IV line present &	
		pattern checked for bleeding	
		Normal receiving output 30ml	
		checked for vital signs & recorded	
		receiving CBU 98mg/dl IV fluids	
		connected 125ml/hr RL 500ml	
		connected on flow patient	
		general condition fair	S/N Akalya 018037
	1Am	patient was stable	
		conscious & oriented complaints of	
		shivering given to warmer.	
		IV fluids on going No other	
		complaints Inj. syntocin 20ml/hr	Akalya 018080

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

(B)

NURSES NOTES

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☑ No Known Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/7/26	2AM	B - Breast is soft No Enlargement	
		U - uterus was contracted & well	
		B - Bowel movement present	
		B - CBD present a clear output	
		L - Lochia Rubra present	
		E - REEDA Not Applicable	
		H - Homan signs negative	
		E - pt Emotional good	SN Akalya 018050
	3AM	→ Dr Divyalakshmi	
		Advised to pt shifted to ward	
		NPO 6hrs, monitor vital signs	
		pt shifted ward pt care hand	
		over given to 7th floor staff	Akalya 018050
		Receiving Notes:-	
1/7/26	3:20 AM	pt Received from CPR W	
		th flow pt was conscious	
		& oriented [illegible] on NPO	
		IV fluid on flow vital signs	
		are [illegible] & [illegible] [illegible]	
		[illegible] [illegible] has no oozing	
		(or) bleeding from the operated	
		site general condition is	
		fair	[signature]
	6am	NPO, liquid diet started	[signature]
		morning care given as per	
		orders vital sign are same	
		no oozing (or) bleeding from the	

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Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies NK

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/7/20	–	has normal [illegible] bread soft	[signature]
		Dr [illegible] –	
	7am	pt [illegible]	[signature]
		[illegible]	
		Morning Duty	
	7:30Am	pt's details Hand over taken	
		from Night duty staff. pt's	
		conscious oriented, vitals are	
		stable. pt's IVF line patterns,	
		IVF 125ml/hr, CBD (+) c BD (R)	
		Plan 24 Hrs, Inj clexane	
		12pm given as per order, flatus	
		not passed, pt's had liquid	
		diet.	[signature]
	8AM	vital signs are checked &	
		Recorded done and H.D stable	
	9AM.	Dr. Pavithra / Dr. Sharadevi	
		Mam Assess the patient	
		he said to same orders	
		* kanji diet flatus passed.	
		* plenty of oral fluids	
		* vitals Monitoring.	
		* Fallow drug chart.	
		* FBS / PPBS on POD-2.	
		* Inj - Clexane 60mcg at 12pm.	
		* CBD x 24 hours till 12AM today.	
		* To do Hb. PCV. Urine Routine	

(after CBD Remova)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

GUC-00093689
Mrs R ANUSHA
12-08-1995
Dr. UMA K

IP18-00036409

31 Y 1 M 0 D (F)

9.

NURSES NOTES

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Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/7/26	9AM	pt's have liquid diet, pt's	
		Maintained I/O chart.	
		B.- Breast is soft, no engorgement	
		U- Uterus contraction well	
		B- Bowel movement Not present	
		B- Urine drained well	
		L- Lochia rubra ⊕	
		E- Reeda Scale NA	
		H- Homan's sign Negative	
		E- pt's Emotional status good.	Sd/ 607383.
	10AM	pt's vitals are stable, maintained	
		I/O chart. pt's due medication	
		given as per order. →	Sd/ 60738.
	12PM	Inj. Clexane 60mg SC given	
		as per order, maintained I/O	
		chart. Urine drained well. →	Sd/ 6073.
	1:30pm	pt's details handover given	
		to Evening Duty staff. →	Sd/ 607383
		Evening duty staff.	
11/7/26.	1.30Pm	pt's details Handing over	
		taken from Morning duty staff.	
		Bed side Assessment done.	
		Conscious & Oriented. IV line ⊕	
		Patten is Normal. patient	
		taken Liquid diet. IV fluids	
		On flow.	Sd/

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/7/26.	2pm.	Patient vitals sign checked &	
		Recorded vitals are stable	
		I/O chart monitor — &	[signature]
		patient taken liquid diet.	
		due medication & drug given	
		as per drug chart order.	
		CBD (P) Pattern out put Normal.	
		B - Breast is soft. No Encouragement.	
		U - uterus contracted.	
		B - Bladder CBD present.	
		B - Bowel movement present	
		L - Lochia Rubra No foul smelling	
		E - REEDA Assessment Not Applicable	
		H - Homan sign negative	
		E - Emotional status good - /	[signature]
	3pm	patient c/o. Not passed flatus.	
		Inform Dr. Vinitha come and	
		see advised to walk c̄	
		CBD, patient walked room	
		side	— P.V 60026
	4:00PM	patient vitals checked	
		and recorded.	— P.V [signature]
	7.00PM	patient due medications	
		given recorded	— P.V 602
	7-30PM	patient details handover	
		given to night duty	
		staff	— P.V 6002

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 1 M 0 D (F)
Dr. UMA K

(4)

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/12/25	8 pm	Night Duty patient details case file handing over taken from the evening duty staff. patient general condition is assessed. patient vitals are monitoring and recorded. vitals are stable.	→ Hai bot 915.
11/12/25	10pm	patient medicine given to the as per as doctors order understand the medine intake of patient.	→ Hai
12/12/25	12pm	patient vitals are monitoring and recorded to the case file	→ Hai.
	2 am	patient 2 am medicine given to the as per as doctors orders. there is no c/o of patient side.	→ Hai bot 915
12/12/25	2.10 am	CBD removal procedure for 2.10 am and patient advice the patient first voide measured after informed.	→ Hai
	12.15 am	Today sample for HB-pcv and send the lab informed to the lab staff.	→ Hai
	6 am	patient vitals are stable patient side no c/o of pain patient output is normal measure	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		patient side 6 am medicine	
		given to the as per	
		doctors orders. patient not	
		passed flatus and motion.	
		B - Breast is soft No engorgement	
		U - uterus contracted	
		B - Bladder CBD removal today	
		B - Bowel movement present	
		L - Lochia rubera no foul smelling	
		E - Reeda assessment no applicable	
		H - Homan sign not present	
		E - Emotion support is good.	[illegible]
12/7/26	7:30am	patient details care file handover	
		given to the morning duty staff	[illegible]
		Morning duty Notes	
12/7/26	7:30Am.	Patient details handing over	
		taken from Night duty staff.	[illegible]
		Bed side Assessment done.	
		Conscious & Oriented. IV line (R)	
		patten in Normal. Patient self	
		voided. Patient C/o mild pain	
		Provided Comfortable position.	[illegible]
	8Am.	patient vitals sig checked &	
		Recorded vitals are stable. I/o chart.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 1 M 0 D (F)
Dr. UMA K

(5)

NURSES NOTES

Rainbow Children's Hospital
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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/26.	8 AM.	Monitored. P/V Bleeding is	
		Normal. Patient flatus passed.	
		Motion Not passed. →	[signature] 0212025
	9 Am.	Patient due medication & drug	
		given as per drug chart order.	
		IV line Pattom. →	[signature] 02/25
		B - Breast is soft. No Engorgement.	
		U - Uterus contraction well.	
		B - Bowel Movement ⊕	
		B - Urine voided freely	
		L - Lochia Rubra ⊕	
		E - Reeda. Scale NA	
		H - Homan's Sign Negative	
		E - Emotional Status good. →	[signature]
	9.30 AM	S/B the Dr. Divyalakshmi mam	
		Adviced · POD-2 - FBS, PPBS C/M 6Am,	
		Soft diet, monitor vitals, follow	
		the Drug Chart. Today Dulcolax	
		Supposit (2 Tabs) Start to do,	
		Syp. Cremaffin 15ml (HS). →	[signature]
	10 AM.	patient taken Soft diet No	
		vomiting No any Other Complaints.	
		Patient 2 tabs Dulcolax Supposit.	
		given at : 8:30 AM →	[signature] 02/25
	11 AM.	Patient w/f the motion.	
		No any Other complaints.	
		.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/20.	12pm.	patient vitals Sign Checked & Recorded vitals are stable. I/O chart monitored. P/V Bleeding is Normal.	[signature] 02/20
		Patient motion passed. Inform the Doctor. Patient taken soft. diet.	
	1.30PM	patient details handing over to Evening duty staff.	[signature] 02/20
		← Evening duty on 12/7/20 &	
	1:30 pm	Patient Report taking over to (m) duty staff —	[signature] 02/20
	2pm	patient was conscious & oriented Well taking orally & Breathing well Vital signs are checked & Recorded Maintained I/O Chart general condition is fair —	[signature] 02/20
		B- Breast soft no engorgement Nipple pattern	
		U - uterus contracted well	
		B - Bowel movement present	
		L - lochia Rapra present	
		E - REEDA N/A	
		H - Homans sign Negative	
		E - Emotional status normal	
	4pm	vital signs are checked & Recorded maintained I/O Chart has no oozing (or) bleeding from	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. UMA-K	Date of Delivery: 10-07-2026
Assistant Surgeon: DR. MOHANA PRIYA	Time of Delivery: 11:10 pm
Anaesthetist's Name: DR. MOHAN	Gender of Baby: BOY
Type of Anaesthesia: ↓ SPINAL	Weight of Baby: 4.226 kg
Neonatologist: DR. SRILAKSHMI	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/N: SHIVA	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: G2P1L1 / PREV NVD / GDM ON OHA / 40 WEEKS

☐ Elective ☑ Emergency Indication: CEPHALOPELVIC DISPROPORTION

Urgency
- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☑ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time: 11:07 pm Knief to rectus: 3 mins

CTG Description: Reassuring

If there was a delay give the reasons:

Surgical Procedure: EMERGENCY LOWER SEGMENT CESAEREAN SECTION WITH BILATERAL TUBAL STERILISATION

Post Operative Diagnosis: P2L2 / PREV. NVD / EM-LSCS / POD - 0

Peri-Operative Complications: NIL

Amount of Blood Loss: ~380 ml Blood Transfused (in ML): NIL

Name and Number of Surgical Specimen sent for examination:

Bilateral fallopian tubes sent for HPE

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .....
5th Palpable: 5/5. Mobile Head
Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Caput: ☐ + ☐ ++ ☐ +++
Bladder Catheterized: ☑ Yes ☐ No

Cervical Dilatation: 3cm cm
Fetal Position: .....
Moulding: ☑ None ☐ + ☐ ++ ☐ +++
Meconium: ☑ None ☐ + ☐ ++ ☐ +++
Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other .....
Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision
Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar
Incision Through Placenta: ☐ Yes ☑ No
Delivery of head: ☑ Manual ☐ Forceps
Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive
Delivery of Placenta: ☐ Manual ☐ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: Normal Cord around the neck ☐ Yes ☐ No
Appearance of placenta: Normal Cavity explored ☐ Yes ☑ No
Uterus, tubes and ovaries: ☐ Normal ☐ Not Normal Sterilization: ☑ Yes ☐ No by Modified Pomeroy's technique

Uterine Closure: ☐ One Layer ☑ Two Layers 1-vicryl Suture
Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None 1-RDS vicryl Suture
Sheath Closure: Suture
Fat Closure: ☐ Yes ☐ No
Skin Closure: ☑ Subcuticular ☐ Mattress 1-Prolene Suture

Vaginal Evacuated ☐ Yes ☐ No
Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in x 24hrs days ☐ Await instructions
Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No
Intra-Operative Antibiotics Cover: ☐ Yes ☑ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes:
1. NPO x 6 hrs → Kanji if passed flatus.
2. IVF @ 125 ml/hr.
3. Inj. SVPACEF 1.5gm IV BD
4. Inj. PAN 40mg IV BD
5. Inj. PARACETAMOL 1gm IV TDS
6. Inj. TRAMADOL 50mg in 100ml NS SOS
7. Inj. CLEXANE 60mg SC OD at 12pm
8. CBD x 24 hrs → Hb, PCV, urine routine after CBD rem
9. FBS, PPBS on POD-2
10. W/F if bpr.

11. DBF.
12. I/O charting.
13. Inform SOS.
14. Early ambulation
15. Inj. Syp. TO @ 2ml/hr x 24hrs

Doctor Name: Dr. Uma-K Doctor Signature:
Date & Time: 10/7/26, 11:40pm

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Your Right to a Safe Delivery

Patient's Name:
MRD NO: GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K
Age : ☐ M ☐ F
Consultant

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 10/7/26 Time: 7.00 pm
Location : (L) side Metacarpal
Size : 18G
Cannula inserted by : S/N Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
10/7/26	7P	☐Yes ☑No	☐Yes ☑No	Observe	Devi 10/7/90
	9pm	☐Yes ☑No	☐Yes ☑No	Observe	SA
	11pm	☐Yes ☑No	☐Yes ☑No	Observe	SA
11/7	1Am	☐Yes ☑No	☐Yes ☑No	Observe	SA
	3Am	☐Yes ☑No	☐Yes ☑No	Observe	SA
	5Am	☐Yes ☑No	☐Yes ☑No	Observe	SA
	7Am	☐Yes ☑No	☐Yes ☑No	Observe	SA
	9Am	☐Yes ☑No	☐Yes ☑No	Observe	Sm
	11Am	☐Yes ☑No	☐Yes ☑No	Observe	Sm
	1pm	☐Yes ☑No	☐Yes ☑No	Observe	Sm
	3pm	☐Yes ☑No	☐Yes ☑No	Observe	Sm
	5pm	☐Yes ☑No	☐Yes ☑No	Observe	AA
	7pm	☐Yes ☐No	☐Yes ☐No	Observe	AA
11/7/26	8pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
12/7/26	10pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
12/7/26	10pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
12/7/26	4am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
12/7/26	6am	☑Yes ☐No	☐Yes ☑No	Observe	[illegible]
	10Am	☐Yes ☑No	☐Yes ☑No	Observe	PB
	12pm	☐Yes ☑No	☐Yes ☑No	Observe	W
	2pm	☐Yes ☐No	☑Yes ☐No	Observe	W
	4pm	☐Yes ☐No	☑Yes ☐No	Observe	W
12/7/26	8pm	☐Yes ☑No	☐Yes ☑No	Observe	KA
	10pm	☐Yes ☑No	☐Yes ☑No	Observe	H
13/7	12am	☐Yes ☑No	☐Yes ☑No	Observe	H
	6am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]

Cannula removed : ☑Yes ☐No, if yes date and time : 13/7/26 6AM
RX any initiated : ☐Yes ☑No ☐NA If Yes specify-
Phlebitis score: 0/5

CANNULA 2

Date : Time:
Location :
Size :
Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

NOTE : ✱ To be assessed within 30 minutes of insertion.
✱ Every 2 hours if on fluid infusion.
✱ Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)........ Next page

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

NOTE : ❋ To be assessed within 30 minutes of insertion.
❋ Every 2 hours if on fluid infusion.
❋ Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)					
0	1	2	3	4	5
IV site appears healthy	ONE of the following is evident: ❋ Slight pain near I.V. site or slight redness near I.V site	TWO of the following is evident: ❋ Pain near I.V. Site ❋ Erythema ❋ Induration	ALL of the following is evident: ❋ Pain along path of cannula ❋ Erythema ❋ Induration	ALL of the following is evident and extensive: ❋ Pain along path of cannula ❋ Erythema ❋ Induration ❋ Palpable venous cord	ALL of the following is evident and extensive: ❋ Pain along path of cannula ❋ Erythema ❋ Induration ❋ Palpable venous cord ❋ Pyrexia
OBSERVE CANNULA	OBSERVE CANNULA	RESITE / REMOVE CANNULA	RESITE / REMOVE CANNULA CONSIDER TREATMENT	RESITE / REMOVE CANNULA CONSIDER TREATMENT	INITIATE TRETMENT RESITE / REMOVE CANNULA

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

(1)

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PAIN ASSESSMENT FORM

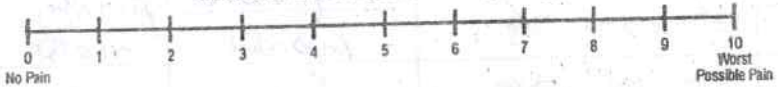
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7	3pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	10/7/26
10/7/26	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	10/7/26
10/7/26	8pm	4/10	Back pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	10/7/26
11/7/26	1Am	2/10	Right side	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	11/7/26
11/7/26	4am	1/10	Right side	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	11/7/26
11/7/26	7am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	11/7/26
11/7/26	12pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	12pm
11/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	11/7/26
12/7/26	2am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	12/7/26
18/7/26	8 AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	18/7/26

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
12/7/26	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
13/7/26	6 am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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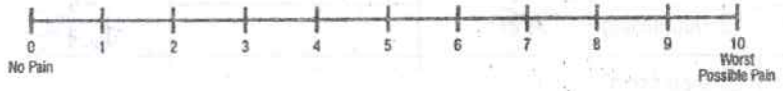

Wong - Baker (Pediatrics) Above 7 Years

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UHID: 00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

(1)

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	E 10/7/26/E	N 10/7/26	M 11/7
		Score	25		
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10		
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	35	35
		Signature	[signature] 01/08	[signature] 01/08	[signature]

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

(2)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	1 F 07/26	11 N 7/26	12 N 7/26
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			35	35	35
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	12/7/12 E	12/7 N	M 13/7
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25	•		
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15		15	15
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0	0	0
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	35	35
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
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BRADEN 'Q' SCALE

	1. Completely immobile:	2. Very limited:	3. Slightly limited:	4. No limitations:	Date : 10/7/26	10/7/26	11/7	11/7
					Time : E	N	M	E
Mobility	Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	Makes frequent through slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction . Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	1	1	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	24	24	24
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓫ Enable as much activity as possible ⓫ Protect the heels ⓫ Use pressure redistribution surfaces ⓫ Manage moisture, friction and shear ⓫ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓫ Use the Same Protocol as for **"At Risk"** Patients ⓫ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓫ In addition to regular turning schedule ⓫ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	⓫ Use same protocol as for **"High Risk"** Patients ⓫ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

	1	2	3	4	Date: 11/7 Time: N	Date: 12/7 Time: M	Date: 12/7 Time: E	Date: 12/7 Time: N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No Impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	28	28
				Evaluator's Name	[illegible]	[illegible] 60226	[illegible]	[illegible]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⊛ Regular Turning Schedule ⊛ Enable as much activity as possible ⊛ Protect the heels ⊛ Use pressure redistribution surfaces ⊛ Manage moisture, friction and shear ⊛ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⊛ Use the Same Protocol as for **"At Risk"** Patients ⊛ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⊛ Follow the same protocol as for **"Moderate Risk"** Patients ⊛ In addition to regular turning schedule ⊛ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	⊛ Use same protocol as for **"High Risk"** Patients ⊛ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00093689
Mrs R ANUSHA
12-08-1995 31 Y 1 M 0 D (F)
Dr. UMA K
IP18-00036409

BRADEN 'Q' SCALE

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				Date :	13-7			
				Time :	PM			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
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Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	27			
				Evaluator's Name	[illegible]			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

(1)

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: TAMIL Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: Yes ✓ No Healthcare Literacy: Yes ☐ No ☑

Identified Education Needs:

1. Diagnosis: G2P1L1 40wly IOL
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent ✓
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
10/7/26	3pm	YES	Educate about induction of labour consent	Patient	NO	verbal	NO NO	oral	good	[signature]
11/7/26	8AM	yes	Educate about plenty of oral fluids	patient	NO	Oral	None	verbal	Good	[signature]
11/7/26	8pm	Nutrition	Explain about mother intake of nutrition diet	Patient	No	Oral	None	verbalising understanding	good	[signature]
12/7/26	10AM	yes	Explain about Nutrition	patient	NO	oral	None	verbal	good	[signature]

Part - III: CODES

Who was taught: PT: Patient ✓ F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) ....

Learning Barriers:
1. No Learning Barriers ✓
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify ....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral ✓ P: Printed

Mechanism/s to overcome barrier/s:
1. None ✓
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others ✓
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify ....

Understanding: 1. Verbalizes Understanding ✓ 2. Demonstrates Understanding 3. Needs Review

Doc No. : RCH / FRM / CLINICAL / 187

INTERDISCIPLINARY FAMILY EDUCATION RECORD

(2)

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes☐ No☐

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
4/8/26	yo Am	yes	explain about Nutrition	Mother	No	oral	none	yes	good	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
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Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Uma
Asst. Surgeon :
Anaesthetist : Dr. Mohan
Scrub Nurse : Smt Siva

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Mrs R ANUSHA
12-06-1995
Dr. UMA K
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31 Y 0 M 28 D (F)

Age : 31 Gender : F
ame : Emergency Ops
Out-time : 12.15 am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10.55 PM

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☑Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☐Yes ☑No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☑No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☑No ☐NA
- Blood Units Reserved ☐Yes ☑No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑Yes ☐No ☐NA

Signature :
Name : Dr. Mohan

Before Skin Incision ➤➤

TIME OUT Time: 11.00 PM

Confirm all team members have introduced themselves by Name and Role ☑Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☐No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑Yes ☐No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑Yes ☐No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☑No ☐NA
- **Is Essential Imaging Displayed?** ☐Yes ☑No ☐NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐Yes ☑No

Signature :
Name : Dr. Uma

Before Patient Leaves Operating Room

SIGN OUT Time: 12.15 am

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☑No ☐NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☑No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☑No

Signature : Siva
Name : Smt Siva

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12-06-1995 31 Y 0 M 28 D (F)
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
10/7/26	4pm	94mg/dl	Dr: vinitha	[illegible]
10/7/26	12:15Am	98mg/dl.	Dr: Divya [illegible]	S/N [illegible]

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SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1.	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	YES
2.	Decolonize surgical patients with skin antiseptic(Chlorhexidine bath /wipes)	YES
3.	Antibiotic prophalaxis given within 60mts prior to skin incision	YES
4.	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	YES
	INTRAOPERATIVE	
5.	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	YES
6.	Maintain normothermia during the surgical procedure (>36 deg C)	YES
	POSTOPERATIVE	
7.	Maintain and monitor blood glucose levels regardless of diabetes status between 110 and 150 mg/dl	NO
8.	Application of incisional negative pressure wound dressing	NO

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 10/07/2026 Date of Removal: 12/7/26 @ 1 AM

Parameters / Date / Shift Time	10/7/26 N	11/7/26 M	11/7/26 E				
Need for the Catheter	☐Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse	S. Akalya	S. Madhu	[illegible]				
Signature of the Nurse	[signature] 01808	[signature] 1607353	[signature]				

Docu. No. : RCH /FRM / CLINICAL / 114

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12-06-1995
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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   ☑ a. Yes ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   ☑ a. Nipple well formed
   ☐ b. Flat nipple
   ☐ c. Inverted nipple
   ☐ d. Short nipple

4. Milk flow:
   ☑ a. Good
   ☐ b. Drops of colostrums
   ☐ c. Dry

5. Steps for Positioning and attachment:
   ☑ a. Baby goes to the breast
   ☑ b. Mother always sits with a back support
   ☐ c. Ear-shoulder-hip should be in a straight line
   ☐ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:

- [x] a. Yes
- [ ] b. No

7. For Caesarian mothers: N/A

- [ ] a. Mother is required sit and feed from the 4th feed
- [ ] b. Please explain football hold

8. NICU admission: N/A

- [ ] a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ....

Continuity of Care: Date: 11/7/2026

Baby is mothes side
good latching

L – 2	12/7/26
A – 2	C – 2
T – 1	A – 2
C – 2	T – 2
H – 2	C – 1
9	H – 1
	8

pV 607261

Handover given by S/H Akaly g 01808

Signature SA 018082

Date & Time: 11/7/26 at 12:30 Am

Handover taken by [signature] 607915

Signature [signature]

Date & Time: 11/7/26 @ 8.30am

Patient Sticker

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Mrs R ANUSHA
[illegible] 1995 31 Y 0 M 28 D (F)
Dr. UMA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 10/7/26 Time of Arrival: 2:30 pm Time Seen by Nurse: 2:35 pm

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☑ Other Reason: Induction of Labour.

3) **Vital Signs:** Temperature: 98 F Pulse: 84/mt RR: 24/mt SpO₂: 99% BP: 120/74 Weight: 97 kg.

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: .... EDD: .... Gestational Age: 40 wks.

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:**

Numerical Pain Scale (NPS)

0 (marked ✓) No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

- Location: Nil
- Duration: Nil Days / Weeks/ Months (Strike out which is not applicable)
- Character: Nil
- Frequency: Nil
- Interventions: Nil.

6) **Past History:**

a) Surgeries: Nil.

b) Medical: GDM on OHA/ Hypothyroid.

Docu. No. : RCH /FRM / CLINICAL / 098

(P.T.O.)

Patient Sticker

7) **Allergy:** ☐ Yes ☑ No, If Yes : ....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: ....T. Thyronorm (25 mg) OD / T. Glycomet 800 mg BD

9) **Prenatal Medical History:**

☐ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☑ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify ....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☑ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: ....2.36 pm....

Nurse Name : ....S/N Ansuy d1081.... Nurse Signature: ....[signature] d1081....

Date: ....10/7/26.... Time: ....2.40 pm....

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Patient Sticker

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 10/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☑ Others: specify CDR

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☑ Others TAMIL

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

Personal belonging if any: ☑ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to given to attender

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes , identify

Chief Complaints: G2P1L1 30 wks / POL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. vinitha

Time Notified: 2.30 p.m.

Past Medical History: Obtained From ☑ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
GDM on OHA Hypothyroid	NIL	NIL.

Blood Group: O +ve. LMP: EDD: Gestational age during admission: 30 wks

Contractions: NIL Vaginal Discharge: NIL

Obstetric History: G 2 P 1 L 1 A Previous LSCS NIL

Height: 160cm Weight: 77 kg. BMI:

Temp: 98°F HR: 84/min RR: 20/min BP: 120/74 SpO_2 99%

High Risk Factors: (Please select by ticking (✓) the box as applicable)

☑ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

Patient Sticker

Family History: ☐ No Abnormalities Detected   m-DM.

☐ Heart Disease   ☐ Hypertension   ☐ Diabetes   ☐ Stroke   ☐ Seizures   ☐ Kidney disease

☐ Liver disease   ☐ Other ....

Pain Assessment: **Pain:** ☑ Yes ☐ No (If Yes, complete the Pain Assessment / Reassessment Form)

Fall Assessment: ☐ Yes ☑ No Score ...10...... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ....0/10.... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem   ☐ Walking Problem   ☑ No Abnormality Detected

☐ Developmental Delay   ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Overweight   ☐ Poor Appetite > 3 Days   ☐ Needs Therapeutic Diet.

☐ Under Weight   ☐ Diabetes Mellitus   ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative   ☐ Restless   ☐ Depressed   ☐ Agitated   ☐ Confused

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow

2. Special Habits: **Smoker:** ☐ Yes ☑ No   **Alcohol Abuse:** ☐ Yes ☑ No   **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ....Her husband......

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No   Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☐ Yes ☐ No   Hand hygiene Explained: ☑ Yes ☐ No   ☐ Others

Above information given to ....Mrs. Anusha....

Name of Person Orientation was given to: ....patient.....

Orientation not given Reason: ....—....

Nurse Signature: ....[signature] 01039.....

Nurse Name: ....Anusha 01039....

Date & Time: ....10/7/26 at 2:30 pm.

Patient Sticker

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

POSTNATAL ASSESSMENT AND MANAGEMENT (TO BE ASSESSED ON DELIVERY SUITE)

Date: 10/7/26.

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity		1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		0
Signature of the Nurse		10/7/26
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

- ✓ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ✓ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ✓ If total score ≥ 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ✓ If admitted to hospital antenatally consider thromboprophylaxis.
- ✓ If prolonged admission (≥3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.

For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Patient Name : ...... Gender: ☐ Male ☒ Female Age : 31

UHID No : ...... Date : 10/7/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

EMERGENCY LOWER SEGMENT CESAEREAN SECTION. WITH STERILIZATION. upon (Ind: CPD / BIG BABY) (Name of the Patient) MRS. R. ANUSHA

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, infection, injury to adjacent structures, need for blood transfusion, risk of thromboembolism, anesthesia related complications, MICU stay, NICU care.

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Uma K

Consentee :

Signature : [signature]

Name : MRS. ANUSHA

Date & Time : 10/7/2026

Patient Attendant :

Signature : [signature]

Name : Mr. Sathish Kumar

Relationship with Patient: Husband

Date & Time : 10/7/2026

Witness :

Signature : ......

Name : ......

Date & Time : ......

Doctor (who is taking the consent) :

Signature : for [signature] 164283

Name : Dr. Uma. K

Date & Time : 10/7/26, 10:50 pm

Docu. No. : RCH /FRM / CLINICAL / 027

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

Patient Name : .... Age : ....

Gender: M ☐ F ☐ - IP No : ..... Consultant : ....

Ward / Bed No. : ....

Operative procedure planned : ....

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease	☐ Hypertension	☐ Diabetes mellitus	☐ Renal failure
☐ Hepatic disorders	☐ Shock	☐ Multiple organ failure	☐ Polytrauma / RTA
☐ Incapacitating COPD	☐ Others :		

Comments : ....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient .... the above mentioned operation I Diagnostic I Therapeutic procedures ....

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anesthesia / ☐ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him I her will administer the Anaesthesia.

Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant:

Signature : .....

Name : Mrs. Anusha

Relationship with Patient: patient

Date & Time : 10/7/2025

Witness :

Signature : .....

Name : Mr. Sathish Kumar

Date & Time : 10/7/2025

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 10/7/25

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

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Name: .... Age: .... Sex: .... UHID.No : ....

Date: 10/7/20 Time: 11.15 pm Proposed Operation: Em /Eg LSCS

Diagnosis: G2 : nm pregnancy

B.P / CRT: 110/70 H.R: 80/min Weight: 98 kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11 gm	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG: N
WBC:	Creat:	Total Bili:	HCV: NR	2D Echo:
Plate: 3L/dl	Na:	Dir. Bili:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: nil

Medical History: CVS :

RESP :

CNS : Diabetes :

Renal : 2° hypothyroidism — GDM on OHA

Hepatic / GE : Hypothyroid on Rx

Others : Physical Activity: TSH ②

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 ②3 4 Mouth Opening: ✓ Mentohyoid Distance: ✓ Neck: ✓ Teeth: ✓

Lungs : CVS / RS — NAD

Heart:

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site : ✓ Spine Exam for regional : ✓

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☐ Yes ✓ ☐ No

CURRENT MEDICATIONS	DOSAGE
OHA	
Thyronorm	

Pre-Operative Instructions:

1. DVT Prophylaxis : in NPO
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions: ....

Signature: ✓ Name: [signature]

Docu. No. : RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No

Fasting Status:

Physical Status: Patient Identified ☐ Consent Present ☐ Chart Reviewed

H.R: B.P / CRT: SpO_2: R.R: Last Feed:

Pre-OP Diagnosis: Operation: Date:

Surgeon: Anaesthesiologist: Technician:

TIME

N_2O /AIR @ LPM

HALO /ISO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site:
☐ Art Site:
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position:

☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start:
OP Start:
OP End:
Leave OR:

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP
☐ ART:
☐ IV:
☐ IV
☐ IV:

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# at cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# Attempts:
Difficulty Why?

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Paresthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor:
Signature of the Doctor:

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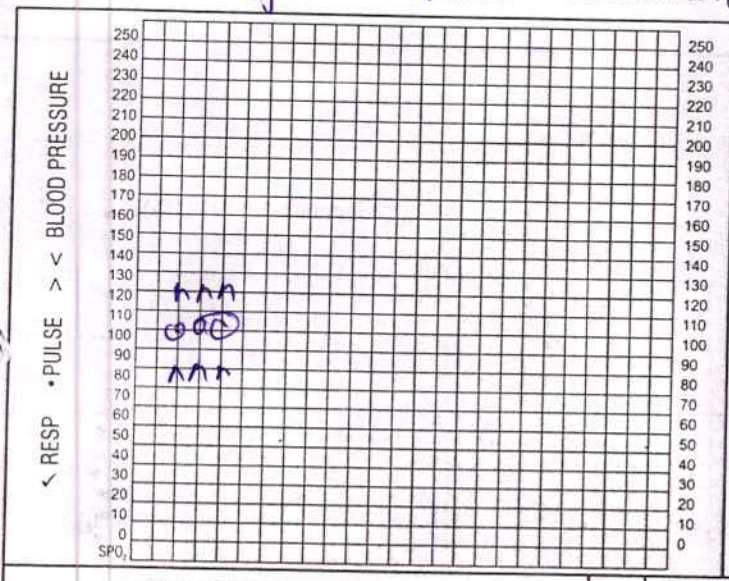
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Pradeep Time Received : 12-0 am Time Discharged : 12-10 am.



IV Cannula Site : .....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2					
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2					
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2					
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2					
		TOTAL	9/10					

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			NPO after 6pm onwards	
			INF @ 42ml/hr RL	
			2 Paracetamol 1gm iv TDS.	
			Monitor VS	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS ✓

Reassessment Frequency:
1. Every eight hours for all hospitalized patients
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: 10/7/26.

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: 10/7/26 12-0 am

0.6ml OD. 2 days

Transferred to Unit by (PACU): Wheels
Date & Time: 10/7/26 12-10 am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space : ..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

GUC-00093689
Mrs R ANUSHA
12-06-1995
Dr. UMA K
IP18-00036409
31 Y 0 M 29 D (F)

(1)

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 10/12/24 DR **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	yes	
	b.Surgical procedure & correct site verified	yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	yes	
	b.SpO_2 within safe range	yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	no	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	yes	
	b.No active uncontrolled bleeding	no	
	c.Last vitals recorded before transfer	yes	
	d.Central line hubs are closed	no	
	e.Dressing Intact	no	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	yes	
	b.Reassessment done	yes	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	no	
	b.All drains fixed, output noted		
	c.Catheter secure & urine output recorded	yes	
	d.Splints/casts/traction devices stabilized	no	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	yes	
	c.Emergency meds given in OT (time & dose documented)	yes	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	yes	
	b.Bed/side rails up and brakes applied	yes	
	c.Special positioning maintained as per surgery	yes	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	no	
	b.Epidural catheter secure, infusion checked	no	
	c.Pressure areas protected (heels/elbows)	no	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	no	
10	**REPORTS AND LABS HANDED OVER**	no	
11	**BIOPSY/HPE SENT**	no	
12	**Documentation**		
	a.Documentation completeness	yes	
	Transferring Nurse: Shaphaly		
	Receiving Nurse :		
	Signature of Incharge: Shapaneshaf		

(2)

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

BirthRight | Rainbow Children's Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

	Date & Time of Transfer: OT	**TRANSFERRED TO :** MICU	
1	**Patient Identification**	**YES/NO**	**REMARKS**
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	✓	
	b.Surgical procedure & correct site verified	✓	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	✓	
	b.SpO₂ within safe range	✓	
	c.If ETT: position confirmed, ties secure, cuff inflated	✗	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	✓	
	b.No active uncontrolled bleeding	✓	
	c.Last vitals recorded before transfer	✓	
	d.Central line hubs are closed	✗	
	e.Dressing Intact	✓	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	✓	
	b.Reassessment done	✓	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact		
	b.All drains fixed, output noted	✓	
	c.Catheter secure & urine output recorded	✓	
	d.Splints/casts/traction devices stabilized	✗	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	✓	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	✓	
	c.Emergency meds given in OT (time & dose documented)	✓	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	✓	
	b.Bed/side rails up and brakes applied	✓	
	c.Special positioning maintained as per surgery	✓	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	✗	
	b.Epidural catheter secure, infusion checked	✗	
	c.Pressure areas protected (heels/elbows)	✗	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	✓	
10	**REPORTS AND LABS HANDED OVER**	✓	
11	**BIOPSY/HPE SENT**	✓	
12	**Documentation**		
	a.Documentation completeness	✓	
	Transferring Nurse:	[signature]	
	Receiving Nurse : S/N Akoulu 018088		
	Signature of Incharge:		

RCH/GDY/FRM/CLINICAL/598

(1)

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PATIENT TRANSFER FORM

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 29 D (F)
Dr. UMA K

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	10/7/26 at 2:58 pm	10/7/26 at 9:50pm
	Transfer Ordered by	**Reason for Transfer**
Dr. Uma	Dr. Mohana	EmLSCS
From Unit	**To Unit**	**Information to Attendant**
LDR	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Whole IP File	CTM -	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Pt shifted to OT

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SN [signature] 01808	Dr. Mohana

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 10/7/26 10.50PM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

(2)

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GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 28 D (F)
Dr. UMA K

	Date & Time of Admission	Date & Time of Transfer Order
	10/7/2020 10:58 pm	10/7/2020 to 11/7/20 at 12.15 am.
Treating Consultant Name: Dr - UMA	Transfer Ordered by: Dr. Mohan.	Reason for Transfer: further management
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: one file	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sri Pradeep Reddy	Dr. Mohan.

Patient & Clinical Records Received by : S/N Akshay 11/7/2020

Date & Time of Patient Received : 11/7/2020 at 12:15 Am

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

(3)

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PATIENT TRANSFER FORM

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 29 D (F)
Dr. UMA K

	Date & Time of Admission	Date & Time of Transfer Order
	10/7/26 at 10:58pm	11/7/26 at 3Am
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr:- Uma k	Dr:- Mohang	Observation
From Unit	To Unit	Information to Attendant
LDR	7th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Whole IP Files	CTN- (5)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Pt Shifted to ward

Name & Signature of Person who is Transferring: S/N Akala 018080

Name of Person Ordered Transfer: Dr: Mohaar

Patient & Clinical Records Received by : Sravani

Date & Time of Patient Received : 11/7/26 at 3:20 am

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
From Unit	To Unit	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

GUC-00093689 IP18-00036409
Mrs R ANUSHA
12-06-1995 31 Y 0 M 29 D (F)
[illegible] A K

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 11/07/2026 Time: 12:28 PM

Origin: — Height: 165.1 Cm. Weight: 97.7 kg. BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: —

Diagnosis: EMERGENCY LSCS

Type of Diet: ☑ Liquid ☑ Soft ☐ Normal ☒ Diabetic GDM on OHA
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan Hypothyroid

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups (1)

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd (2)

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers) ~~**~~

Patient's / Attendant's Husband.

Signature: S. Sathish

Name: Sathish kumar S

Date & Time: 11/7/26 (1) 12:20PM

Dietician's

Signature: A. Sadiqa (018336)

Name: A. Sadiqa Farheen

Date & Time: 11/07/2026 (1) 12:20PM

DIETARY NOTES

Date	Time	Notes	Sign
11/07/26.	08:30AM.	EM-LSCS done @ 12:47AM.	
		- Patient is on clear liquid diet.	A.M (018336)
		- Patient is stable. Oral intake is Better.	
		- Advised to take plenty of Oral fluids - Water, tender coconut water, fruit Juices (etc)	
		Fluids - 2.5-3l/d.	
12/7/26.	8:30AM.	- Patient is on Normal Diet.	
		- Tolerated Soft Diet.	
		- Stools passed.	A.M (018336)
		- Patient is Stable - Oral is good. Advised to take galactogogues foods - garlic, fennel and oats (etc)	
		RDA - Values -	
		Energy - +600 Kcal.	
		Protein - +17-19g/d.	
		Increase protein - Iron rich foods	